

## Notice of Intention to Make A Service Contract and Response to Notice

Contract No.DE-AC02-CH11358

	CONTRACT NO.DE-ACUZ-CETT 1330
Date:	Proposed Wage Determination No.: 2005-2205 (See
	attached WD.)
Buyer/CS:	Revision No.:
Email:	Date of Last Revision:
PR No:	Places of Performance (State[s]):
Est. Amt:	Countylical:
Est. Aint.	County[ies]:
Were these services previously performed at this locality under an SCA-Covered contract?  YES NO	
If No, proceed to Occupation Code(s) below.	
If Yes, are any of the employees performing work subject to a collective bargaining agreement?	
☐ YES ☐ NO	
If Yes,	
Title of Collective Bargaining Agreement (CBA):	
Name of Contractor:	
Local Union No.:	
Effective Date of CBA:	
Position/Activity:	
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If Yes, were these services previously performed under an SCA Wage Determination that ends in an	
even number?	
☐ YES ☐ NO	
If Yes, previous Wage Determination No.:     , Revision No.:	
Occupation Code(s):	Title(s):
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Request for Authorization of Additional Classification and Rate (If applicable, <b>SF-1444</b> attached).	
Scope of	
Work:	
Estimated Period of	
Performance:	
Comments:	
Please return signed form to:	
(BELOW TO BE COMPLETED BY DOE)	
DOE Approval(s):	☐ Approve ☐ Reject Date
☐ NOTICE NO.:	
(If applicable)	
☐ Comments:	